



April 12, 2014
 Schreiber Gym
 U of M
 Ages 14 and Up

COMPETITOR REGISTRATION

| | | | | | |
|-------------------------------------|-----|---------------------------|------|---------------------|--|
| Last Name: Email: | | First Name | | Middle I. | |
| Mailing Address Phone # () | | City | | State Zip Code | |
| Martial Art School | | Instructor's Name | | | |
| School Address | | City | | State Zip Code | |
| Weight | Sex | Age (MUST BE AT LEAST 14) | Rank | Belt Color | |

National Organization Registration: USA Judo USJA USJF

Tournament Registration fee \$30.00

Please postmark by April 8. UM Judo Club, 506 East Beckwith Ave., Missoula, MT 59801

Fees are Nonrefundable! Late fee of \$10.00 for registration at the door.

WAIVER AND LIABILITY RELEASE

In return for the acceptance of my registration and application to compete in the 2014 University of Montana Judo Championships, I represent the following: I understand that all sports contain inherent risks of injury, and that such injuries may be minor, or may be severe, and may include infection, paralysis or death. I also understand that Judo is a body-contact sport and accept the risks of any injury or infection as a result of participation. I hereby waive, release and forever discharge, for myself, my heirs, executors, administrators and assigns, any and all claims I might have against the tournament organizers, director, officials, agents, representatives, successors or competitors, as well as any official of the Montana Judo Association, Inc, Daigaku Judo Dojo, the University of Montana, and the United States Judo Association for any and all damages I may incur or sustain, for injury, medical expenses, and any other losses, while participating in this event, and for travel to and from this event. I have read the rules of the competition or have taken the opportunity to be aware of their content, and agree with them in their entirety.

DATE: _____ Competitor

[Parent or Guardian, if under 18 years of age] **COMPETITOR MUST BE AGE 14 AND ABOVE**

CERTIFICATE OF INSTRUCTOR

For the student who has not obtained a recognized Shodan rank or higher, I, _____, his or her instructor, certify that _____ is of sufficient skill in Judo to compete in this tournament.

Instructor: _____ Date: _____